

114TH CONGRESS  
2D SESSION

# H. R. 4642

To amend title XVIII of the Social Security Act to establish a Medicare diabetic eye disease prevention and early treatment demonstration project.

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## IN THE HOUSE OF REPRESENTATIVES

FEBRUARY 26, 2016

Mr. COLLINS of New York (for himself and Mr. MCNERNEY) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

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## A BILL

To amend title XVIII of the Social Security Act to establish a Medicare diabetic eye disease prevention and early treatment demonstration project.

1       *Be it enacted by the Senate and House of Representa-*  
2       *tives of the United States of America in Congress assembled,*

3       **SECTION 1. SHORT TITLE.**

4       This Act may be cited as the “Diabetic Eye Disease  
5       Prevention Act of 2016”.

1   **SEC. 2. MEDICARE DIABETIC EYE DISEASE PREVENTION**  
2                   **AND EARLY TREATMENT DEMONSTRATION**  
3                   **PROJECT.**

4       Title XVIII of the Social Security Act is amended by  
5   inserting after section 1866E (42 U.S.C. 1395cc–5) the  
6   following new section:

7       **“DIABETIC EYE DISEASE PREVENTION AND EARLY**  
8                   **TREATMENT DEMONSTRATION PROJECT**

9       **“SEC. 1866F. (a) ESTABLISHMENT.—**The Secretary  
10   shall conduct, during a 5-year period beginning no later  
11   than January 1, 2017, a diabetic eye disease prevention  
12   and early treatment demonstration project (in this section  
13   referred to as the ‘demonstration project’) to provide in-  
14   centives to primary care practices to refer to local eye doc-  
15   tors for comprehensive dilated eye exams—

16               “(1) diabetic Medicare beneficiaries at the time  
17   of their diagnosis of diabetes; and

18               “(2) diabetic Medicare beneficiaries who have  
19   been diagnosed with diabetes mellitus and have not  
20   received a comprehensive dilated eye examination in  
21   the previous 5 years.

22       **“(b) REQUIREMENT.—**The demonstration project  
23   shall test the extent to which such incentives result in—

24               “(1) improving early detection and treatment of  
25   diabetes-related vision problems and the reduction of  
26   significant eye and vision loss and blindness associ-

1       ated with delayed diagnosis and treatment of diabetes-related eye and vision conditions;

3               “(2) reducing the cost of health care services  
4       covered under this title; and

5               “(3) achieving beneficiary satisfaction.

6       “(c) CONDUCT OF PROJECT.—The demonstration  
7       project shall be conducted consistent with the following:

8               “(1) IDENTIFICATION OF PRIMARY CARE PRAC-  
9       TICES.—The demonstration project shall identify at  
10       least 100 primary care practices, in each of at least  
11       10 States which have high per capita costs of diabetes care for diabetic Medicare beneficiaries, for participation in the demonstration project.

14               “(2) LISTING OF PARTICIPATING EYE DOCTORS.—Each practice so identified shall be provided  
15       with a list of eye doctors who are located in the area  
16       of such practice and who have agreed to participate  
17       in the demonstration project.

19               “(3) REQUIREMENTS FOR PARTICIPATING EYE  
20       DOCTORS.—As part of the participation agreement  
21       of an eye doctor under the demonstration project,  
22       the eye doctor agrees—

23               “(A) to offer to furnish to each diabetic  
24       Medicare beneficiary referred to the doctor by a  
25       primary care practice so identified a com-

1           prehensive dilated eye examination and needed  
2           diabetes-related eye care covered under this  
3           title; and

4           “(B) to report back to such practice on the  
5           results of such an examination or care within  
6           72 hours after the time of conducting such ex-  
7           amination or furnishing such care.

8         “(d) INCENTIVE PAYMENT METHODOLOGY.—

9           “(1) IN GENERAL.—Under the demonstration  
10          project, subject to paragraph (2), the Secretary shall  
11          pay an incentive on an annual basis to each primary  
12          care practice participating in the demonstration  
13          project for each beneficiary the practice refers in the  
14          year for an eye examination under the demonstra-  
15          tion project. Such amount shall be set at a level so  
16          as to encourage primary care practices to participate  
17          in the demonstration project.

18           “(2) BUDGET NEUTRALITY.—The Secretary  
19          shall ensure that the aggregate payments made  
20          under this title, including incentive payments made  
21          under this section, with respect to individuals par-  
22          ticipating in the demonstration project do not exceed  
23          the aggregate amounts that the Secretary estimates  
24          would have been paid under title with respect to  
25          such individuals if the demonstration project had not

1       been implemented. In order to carry out the previous  
2       sentence, the Secretary is authorized to reduce pay-  
3       ment rates under part B for eye care services for di-  
4       abetic Medicare beneficiaries (other than those de-  
5       scribed in subsection (a)) to take into account the  
6       costs of comprehensive dilated eye examinations fur-  
7       nished to individuals otherwise eligible to participate  
8       in the demonstration project.

9           “(3) FUNDING.—The costs, including incentive  
10      payments, of carrying out the demonstration project  
11      shall be paid from the Federal Supplementary Medi-  
12      cal Insurance Trust Fund established under section  
13      1841.

14           “(e) WAIVER.—The Secretary may waive such provi-  
15      sions of this title and title XI as the Secretary determines  
16      necessary in order to implement the demonstration  
17      project.

18           “(f) EVALUATION AND REPORTS.—

19           “(1) EVALUATION.—The Secretary shall con-  
20      duct an independent evaluation of the demonstration  
21      project to assess whether the project has the results  
22      described in subsection (b).

23           “(2) REPORTS.—

24           “(A) PRELIMINARY REPORT.—Not later  
25      than 60 days after the completion of the first

1 year of the demonstration project, the Secretary  
2 shall submit to Congress a preliminary report  
3 on the results of the project.

4 “(B) FINAL REPORT.—No later than 6  
5 months after the date of the completion of the  
6 demonstration project, the Secretary shall sub-  
7 mit to Congress a final report on the results of  
8 the project and shall include in such report the  
9 findings of the evaluation conducted under  
10 paragraph (1).

11 “(g) DEFINITIONS.—In this section:

12 “(1) DIABETIC MEDICARE BENEFICIARY.—The  
13 term ‘diabetic Medicare beneficiary’ means, with re-  
14 spect to a primary care practice, an individual  
15 who—

16 “(A) is entitled to benefits under part A  
17 and enrolled for benefits under part B;

18 “(B) is not enrolled in a Medicare Advan-  
19 tage plan under part C or a PACE program  
20 under section 1894;

21 “(C) has been determined to have diabetes  
22 mellitus; and

23 “(D) is receiving primary care services  
24 through one or more physicians or nurse practi-  
25 tioners in such practice.

1           “(2) EYE DOCTOR.—The term ‘eye doctor’  
2       means a participating physician who is a State-li-  
3       censed optometrist or ophthalmologist.

4           “(3) PRIMARY CARE PRACTICE.—The term ‘pri-  
5       mary care practice’—

6           “(A) means a physician (as described in  
7       section 1861(r)(1)) who has a primary specialty  
8       designation of family medicine, internal medi-  
9       cine, or geriatric medicine; and

10          “(B) includes a group practice the physi-  
11       cians within which are primarily physicians with  
12       such a specialty designation and may also in-  
13       clude physician assistants and nurse practi-  
14       tioners.”.

